

CORRECTION

Yeh RW, Mauri L, Kereiakes DJ.

Dual Antiplatelet Platelet Therapy Duration Following Coronary Stenting *J Am Coll Cardiol* 2015;65:787-90.



The title should be as follows:

Dual Antiplatelet Therapy Duration Following Coronary Stenting

The title has been corrected online. We apologize for this error.

<http://dx.doi.org/10.1016/j.jacc.2015.02.039>

CORRECTION

Smith Jr SC, et al.

AHA/ACCF Secondary Prevention and Risk Reduction Therapy for Patients With Coronary and Other Atherosclerotic Vascular Disease: 2011 Update: A Guideline From the American Heart Association and American College of Cardiology Foundation



J Am Coll Cardiol 2011;58:2432-46.

1. In Table 1, the Antiplatelet agents/anticoagulants section on page 2434, Class I, recommendation 4, the recommendation read,
4. In patients with extracranial carotid or vertebral atherosclerosis who have had ischemic stroke or TIA, treatment with aspirin alone (75-325 mg daily), clopidogrel alone (75 mg daily), or the combination of aspirin plus extended-release dipyridamole (25 mg and 200 mg twice daily, respectively) should be started and continued (91,104,116). (*Level of Evidence: B*)

The recommendation Level of Evidence has changed to “A”; the recommendation now reads,

4. In patients with extracranial carotid or vertebral atherosclerosis who have had ischemic stroke or TIA, treatment with aspirin alone (75-325 mg daily), clopidogrel alone (75 mg daily), or the combination of aspirin plus extended-release dipyridamole (25 mg and 200 mg twice daily, respectively) should be started and continued (91,104,116). (*Level of Evidence: A*)
2. In Table 1, the Antiplatelet agents/anticoagulants section on page 2435, Class I, recommendation 6, first bullet, the recommendation read,
6. Antiplatelet therapy is recommended in preference to anticoagulant therapy with warfarin or other vitamin K antagonists to treat patients with atherosclerosis (93,94,105,110). (*Level of Evidence: A*)
 - If there is a compelling indication for anticoagulant therapy, such as atrial fibrillation, prosthetic heart valve, left ventricular thrombus, or concomitant venous thromboembolic disease, warfarin should be administered in addition to the low-dose aspirin (75-81 mg daily) (95,99-102). (*Level of Evidence: A*)

The bullet now reads,

- If there is a compelling indication for anticoagulant therapy, such as atrial fibrillation, prosthetic heart valve, left ventricular thrombus, or concomitant venous thromboembolic disease, warfarin should be administered (95,99-102). (*Level of Evidence: A*) (NOTE: Patients receiving low-dose aspirin for atherosclerosis should continue to receive it.)

The authors regret the error.

These corrections have been made to the current online version of the article, which is available at: <http://dx.doi.org/10.1016/j.jacc.2011.10.824>.

<http://dx.doi.org/10.1016/j.jacc.2015.02.042>